

Political Organization  
Notice of Section 527 Status

OMB No. 1545-1693

Part I General Information

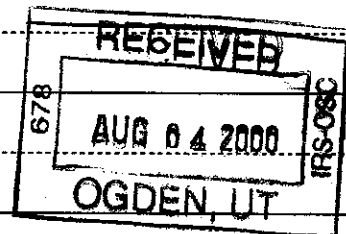
1 Name of organization <b>CAMPAIGN OF GISELA CARDONNE</b>		Employer identification number <b>APPLIED FOR</b>
2 Mailing address (P.O. Box or number, street, and room or suite number) <b>73 W. FLAGLER ST., #1500</b>		City or town, state, and ZIP code <b>MIAMI, FL 33130</b>
3 E-mail address of organization		
4a Name of custodian of records <b>GISELA CARDONNE</b>	4b Custodian's address <b>73 W. FLAGLER ST., #1500</b> <b>MIAMI FL 33130</b>	
5a Name of contact person <b>GISELA CARDONNE</b>	5b Contact person's address <b>73 W. FLAGLER ST., #1500</b> <b>MIAMI, FL 33130</b>	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number		
City or town, state, and ZIP code		

Part II Purpose

7 Describe the purpose of the organization  
**CAMPAIGN TO RETAIN: CIRCUIT COURT JUDGE,**  
**ELEVENTH CIRCUIT, MIAMI-DADE COUNTY, FL.**

Part III List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address
<b>NONE</b>		



2



Form **SS-4**

(Rev. April 2000)

Department of the Treasury  
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.	<b>1</b> Name of applicant (legal name) (see instructions) <b>CAMPAIGN OF GISELA CARDONNE</b>														
	<b>2</b> Trade name of business (if different from name on line 1)														
	<b>4a</b> Mailing address (street address) (room, apt. or suite no.) <b>73 W. FLAGLER ST. #1900</b>	<b>3</b> Executor, trustee, "care of" name													
	<b>4b</b> City, state, and ZIP code <b>MIAMI FL 33130</b>	<b>5a</b> Business address (if different from address on lines 4a and 4b)													
	<b>6</b> County and state where principal business is located <b>MIAMI-DADE COUNTY, FL</b>	<b>5b</b> City, state, and ZIP code													
	<b>7</b> Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► <b>263-82-7521</b> <b>GISELA CARDONNE - CANDIDATE</b>														
	<b>8a</b> Type of entity (Check only one box.) (see instructions) <b>Caution: If applicant is a limited liability company, see the instructions for line 8a.</b>														
<table border="0" style="width: 100%;"><tr><td><input type="checkbox"/> Sole proprietor (SSN)</td><td><input type="checkbox"/> Estate (SSN of decedent)</td></tr><tr><td><input type="checkbox"/> Partnership</td><td><input type="checkbox"/> Plan administrator (SSN)</td></tr><tr><td><input type="checkbox"/> REMIC</td><td><input type="checkbox"/> Other corporation (specify) ►</td></tr><tr><td><input type="checkbox"/> State/local government</td><td><input type="checkbox"/> Trust</td></tr><tr><td><input type="checkbox"/> Church or church-controlled organization</td><td><input type="checkbox"/> Federal government/military</td></tr><tr><td><input type="checkbox"/> Other nonprofit organization (specify) ►</td><td>(enter GEN if applicable)</td></tr><tr><td colspan="2"><input checked="" type="checkbox"/> Other (specify) ► <b>CIRCUIT COURT JUDGE, RETENTION CAMPAIGN</b></td></tr></table>		<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)	<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)	<input type="checkbox"/> REMIC	<input type="checkbox"/> Other corporation (specify) ►	<input type="checkbox"/> State/local government	<input type="checkbox"/> Trust	<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Federal government/military	<input type="checkbox"/> Other nonprofit organization (specify) ►	(enter GEN if applicable)	<input checked="" type="checkbox"/> Other (specify) ► <b>CIRCUIT COURT JUDGE, RETENTION CAMPAIGN</b>	
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<b>8b</b> If a corporation, name the state or foreign country (if applicable) where incorporated															
<b>9</b> Reason for applying (Check only one box.) (see instructions)															
<input type="checkbox"/> Started new business (specify type) ►															
<input type="checkbox"/> Banking purpose (specify purpose) ►															
<input type="checkbox"/> Changed type of organization (specify new type) ►															
<input type="checkbox"/> Purchased going business															
<input type="checkbox"/> Created a trust (specify type) ►															
<input type="checkbox"/> Hired employees (Check the box and see line 12.)															
<input type="checkbox"/> Created a pension plan (specify type) ►															
<input checked="" type="checkbox"/> Other (specify) ► <b>RETENTION CAMPAIGN - 2000.</b>															
<b>10</b> Date business started or acquired (month, day, year) (see instructions) <b>APRIL 3, 2000</b>															
<b>11</b> Closing month of accounting year (see instructions) <b>OCTOBER, 2000.</b>															
<b>12</b> First date wages or annuities were paid or will be paid (month, day, year). <b>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien.</b> (month, day, year) . . . . . ► <b>NONE</b>															
<b>13</b> Highest number of employees expected in the next 12 months. <b>Note: If the applicant does not expect to have any employees during the period, enter -0-.</b> (see instructions) . . . . . ►															
<b>14</b> Principal activity (see instructions) ► <b>RETENTION CAMPAIGN FOR CIRCUIT COURT JUDGE</b>															
<b>15</b> Is the principal business activity manufacturing? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No															
<b>16</b> To whom are most of the products or services sold? Please check one box. <input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ► <b>N/A</b> <input type="checkbox"/> Business (wholesale) <input type="checkbox"/> N/A															
<b>17a</b> Has the applicant ever applied for an employer identification number for this or any other business? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Note: If "Yes," please complete lines 17b and 17c.</b>															
<b>17b</b> If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. Legal name ► Trade name ►															
<b>17c</b> Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed Previous EIN															
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.															
Name and title (Please type or print clearly.) ► <b>GISELA CARDONNE, JUDGE</b>															
Signature ► <b>Gisela Cardonne</b> Date ► <b>7-31-2000</b>															
<b>Note: Do not write below this line. For official use only.</b>															
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%;">Please leave blank ►</td><td style="width: 15%;">Geo.</td><td style="width: 15%;">Ind.</td><td style="width: 15%;">Class</td><td style="width: 15%;">Size</td><td style="width: 20%;">Reason for applying</td></tr></table>		Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying								
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For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Cat. No. 16055N

Form **SS-4** (Rev. 4-2000)

FAXED TO: (678) 530-6156

July 31, 2000

Internal Revenue  
Service Center  
Ogden, UT 84201

Re: Form 8871  
Campaign of Gisela Cardonne  
Circuit Court Judge  
Eleventh Circuit, Miami-Dade County, FL

Dear Sirs:

I enclose the signed original of Form 8871, Political Organization Notice of Section 527 Status.

I also enclose a copy of SS-4, application for employer I.D. number, which I have faxed to the Atlanta center. As soon as I have an ID number, I will amend the 8871.


I received actual notice of this requirement through the office of Division of Election of the State of Florida on Friday, July 24 in the afternoon, and am attempting full compliance as required.

As of this writing, I have not been able to log on to the IRS web site to file electronically, but will continue to try.

Please contact me at: (305) 375-5429, or (305) 375-1406 if you have any questions. The office fax number is: (305) 375-4118.

Thank you for your attention.

Sincerely,

  
Gisela Cardonne  
Circuit Court Judge  
73 W. Flagler St., #1500  
Miami, FL 33130